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Frontiers Magazine

University of Tennessee Graduate School of
Medicine

Winter 2010

Frontiers (Winter 2010) - A Legacy of Learning, A Future of Hope: Pearls of Wisdom for Women's Health

University of Tennessee Medical Center

University of Tennessee Graduate School of Medicine

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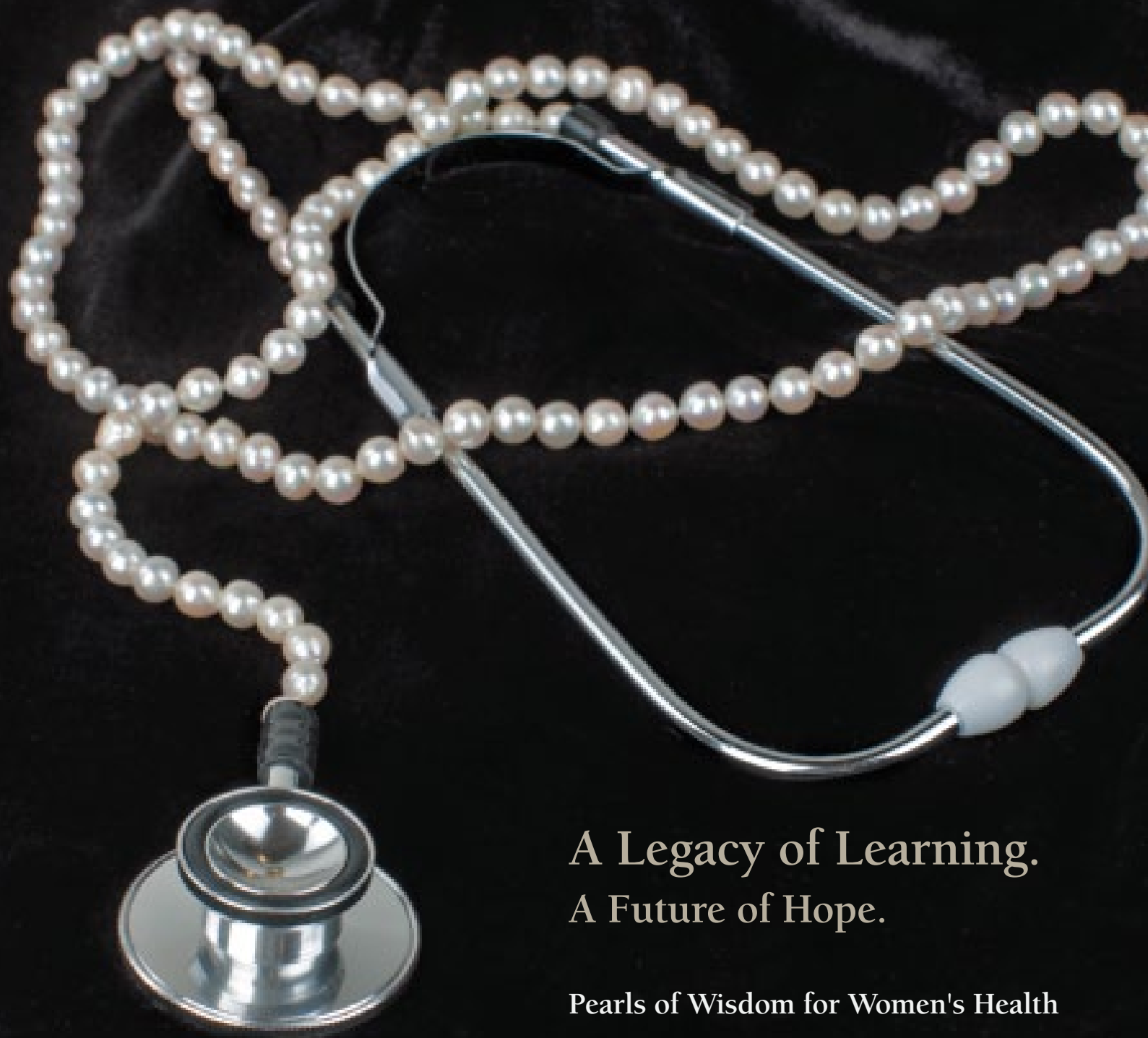
University of Tennessee Medical Center and University of Tennessee Graduate School of Medicine, "Frontiers (Winter 2010) - A Legacy of Learning, A Future of Hope: Pearls of Wisdom for Women's Health" (2010). *Frontiers Magazine*.
http://trace.tennessee.edu/utgradmed_frontiers/4

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Winter 2010

Frontiers

The University of Tennessee Medical Center and The University of Tennessee Graduate School of Medicine



*A Legacy of Learning.
A Future of Hope.*

Pearls of Wisdom for Women's Health

For Alumni and Friends

*The future belongs to those
who believe in the beauty
of their dreams.*

— Eleanor Roosevelt



*The University of Tennessee
Medical Center and The
University of Tennessee Graduate
School of Medicine Frontiers*

Winter 2011

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Frontiers is a magazine produced by The University of Tennessee Medical Center and the University of Tennessee Graduate School of Medicine. This publication was designed to showcase the unique benefits of having an academic medical center in East Tennessee.

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THE UNIVERSITY of
TENNESSEE **UT**
GRADUATE SCHOOL
OF MEDICINE

UT THE UNIVERSITY OF TENNESSEE
MEDICAL CENTER

Wisdom for Your Life.



3

**A Great Place to
Begin a New Life**



8

From Texas to Tennessee
Physician Brings Advanced Surgical
Skills to Patients



14

da Vinci Surgical System
Expanding Surgical Options
for Women



18

Women in Medicine



22

**Women's Health: Research
& Clinical Trials**



28

Opportunities

Contents

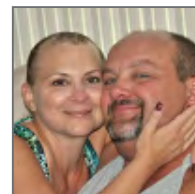
6

Urogynecology
Improving Quality of Life



10

Gynecologic Oncology:
Treating Female Cancers with
Dignity, Grace & Advancements



16

**Weight Management
Services**



20

Paying it Forward



26

**Employees "Light It Up"
for Torch Campaign**



32

CME Course Calendar
Continuing Medical Education





Dear Alumni and Friends,

Our focus on providing the most comprehensive and highest quality healthcare for women is among the top priorities of the University of Tennessee Medical Center. Our commitment to women's health is matched only by our commitment to preparing the next generation of women healthcare professionals.

This issue of Frontiers highlights the advancements in women's healthcare. From the newest surgical techniques, general obstetrics and gynecological services to urogynecology, plastic surgery, and gynecology oncology, the University of Tennessee Medical Center offers services for women at all stages of life. And as the region's only academic medical center, we will continue our mission to serve our patients and families through healing, education, and discovery.

In addition to our services, we are also excited to introduce to you some outstanding physicians who have chosen to practice medicine at our medical center. We are honored to add their skills and expertise to the excellent physicians, nurses, and other health professionals dedicated to our women's health initiatives.

Over the past several years we have witnessed a significant increase in the number female, medical students which has resulted in more female physicians in the community and our academic medical center.

During this same period, technological advances have provided us an opportunity to conduct surgeries in ways we only dreamed about in the past. Although separate events, together they have brought a wave of new physicians with new techniques to improve the healthcare of women throughout the country.

The Graduate School of Medicine is proud to play a role through our educational and research efforts, as is the University of Tennessee Medical Center in the provision of high quality care for the women in our region. The stories in this issue highlight several women in medicine who, with their male counterparts, serve as role models to everyone who is considering medicine as a career.

Sincerely,

Joseph R. Landsman, Jr.
President and Chief Executive Officer
University Health System, Inc.

Sincerely,

James J. Neutens, PhD
Dean
UT Graduate School of Medicine

Jaclyn B. van Nes, MD,
with Women's Specialty Care.



A GREAT PLACE TO BEGIN A NEW LIFE

Often the first decision a woman makes after finding out she's pregnant is where to have the baby. Moms-to-be want only the best for their little ones. And doctors who deliver babies at the University of Tennessee Medical Center agree that the facilities here are beyond compare.

"I wouldn't deliver anywhere else," says Jaclyn B. van Nes, MD, a physician in Women's Specialty Care. She's speaking as both a doctor and a patient: van Nes delivered her son here just two years ago. She didn't expect any complications but knows the value of having routine obstetric care, high-risk specialists, a Level III, Neonatal Intensive Care Unit with individual rooms – all right down the hall. "The NICU is right there with the nursery, and neonatologists are here around the clock," she says. "You won't find that at other hospitals."

Anna Lisa Jones, MD, who works with Women's Care Group, agrees. Her fellow physicians in the group do too – so much so that as of December 2010, they will deliver only at the University of Tennessee Medical Center. "We based this decision on a desire to spend more time with more patients in Labor and Delivery, to be the ones who deliver," explains Jones. "There is no comparison to the resources and care here at the University of Tennessee Medical Center."

Anna Lisa Jones, MD, with
Women's Care Group.





Walter W. Schoutko, MD, with University Obstetrics and Gynecology and chair of the Department of Obstetrics/Gynecology, educates a patient.

As a father of five and practicing physician, Walter W. Schoutko, MD, FACOG, with University Obstetrics & Gynecology, has spent a great deal of time in the delivery room. Like most obstetricians, he will tell you he loves delivering babies, “and this is a great place to have a baby.” The idea of practicing at an academic medical center played a big role in his decision to move from Ohio and begin his own great new life here in East Tennessee.

“I believe it’s essential that we remain committed to training young doctors. It’s important to build their confidence,” Schoutko says. Those who know him would probably describe it as a calling.

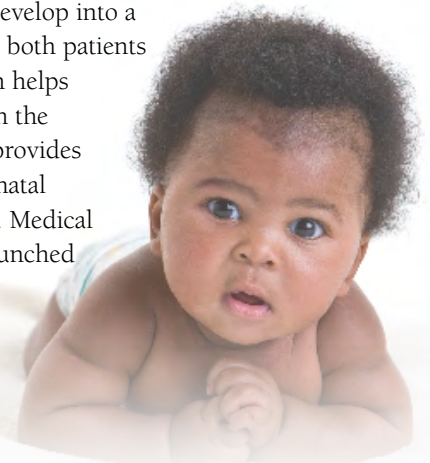
Like van Nes and Jones, Schoutko works with a team of doctors who represent all areas of women’s specialty care, including gynecologic care, urogynecology, maternal fetal medicine, gynecologic oncology, and reproductive endocrinology. “We offer something for everyone,” says Jones.

The quality of the medical personnel, combined with state-of-the-art facilities, led each of these doctors to begin a new life at the University of Tennessee Medical Center. And the doctors are paying it forward. Like Schoutko, van Nes enjoys the opportunity to see patients in her private practice and provide

academic assistance to residents. She says with a smile, “It’s my dream job, really – the best of both worlds.”

Van Nes herself has come full circle. She was pregnant during her fourth year of residency at the medical center, and she recently delivered the third child of a patient she first saw as a resident. She also mentored a resident who is now working alongside her in practice, Natalie P. Blaché, MD. Van Nes will tell you that no two days are ever the same, and on any day all she has to do is look at the precious faces on the birth announcements that fill the walls of the office. “I come here and think, ‘I delivered him...and him...and her.’” The joy on her face is unmistakable.

It’s a joy Rita Hillhouse shares. As director of the regional perinatal program, Hillhouse has watched the University of Tennessee Medical Center’s perinatal programs for the community and the region develop into a resource that’s invaluable for both patients and physicians. The program helps coordinate care for women in the outlying areas it serves and provides important prenatal and postnatal education to the community. Medical center employees recently launched





Bobby C. Howard, MD, with High Risk Obstetrical Consultants, director of Maternal Fetal Medicine, and chair of the Department of Obstetrics/Gynecology.

an educational program on SIDS, helping parents and caregivers understand how to reduce the risk of accidental infant death. "Through education, we help improve the overall quality of care our doctors provide," Hillhouse says. "We're part of the team."

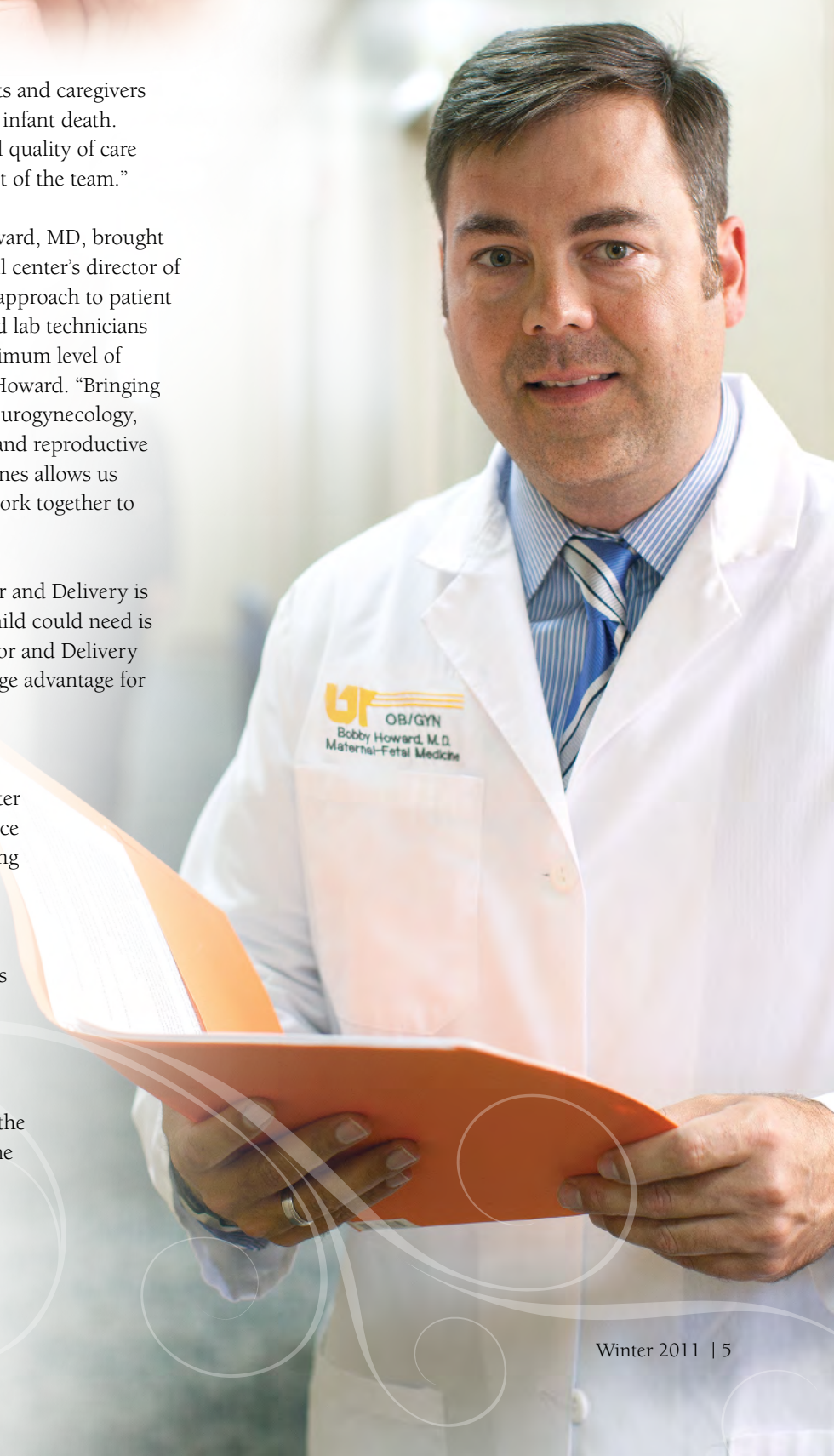
That team is the U Team – a concept Bobby Howard, MD, brought from his Air Force days to his role as the medical center's director of maternal fetal medicine. This multidisciplinary approach to patient care involves everyone from doctors, nurses, and lab technicians to administrative and food service staff. "An optimum level of care hinges on excellent communication," says Howard. "Bringing our subspecialty doctors from gynecologic care, urogynecology, maternal fetal medicine, gynecologic oncology, and reproductive endocrinology together with the various disciplines allows us to communicate a patient's specific needs and work together to provide the best care possible."

Howard points out that communication in Labor and Delivery is assisted by the fact that everyone a mother or child could need is nearby at all times. "A single door separates Labor and Delivery from the operating room and NICU. That's a huge advantage for our patients," he says.

Everything here is focused on providing a child with the opportunity to thrive. The medical center even has a specially equipped neonatal ambulance dedicated to transporting newborns from outlying areas that need specialized care. On average, the medical center treats 100 transported newborns every year. The doctors' preference is to transfer mothers before delivery, but when nature creates its own situation, those babies are offered the opportunity to begin their new lives here.

Through communication and compassion, the physicians and staff devoted to obstetric care at the University of Tennessee Medical Center create the best environment possible for their patients and co-workers. It is indeed a great place to begin a new life.

Angie Wilson



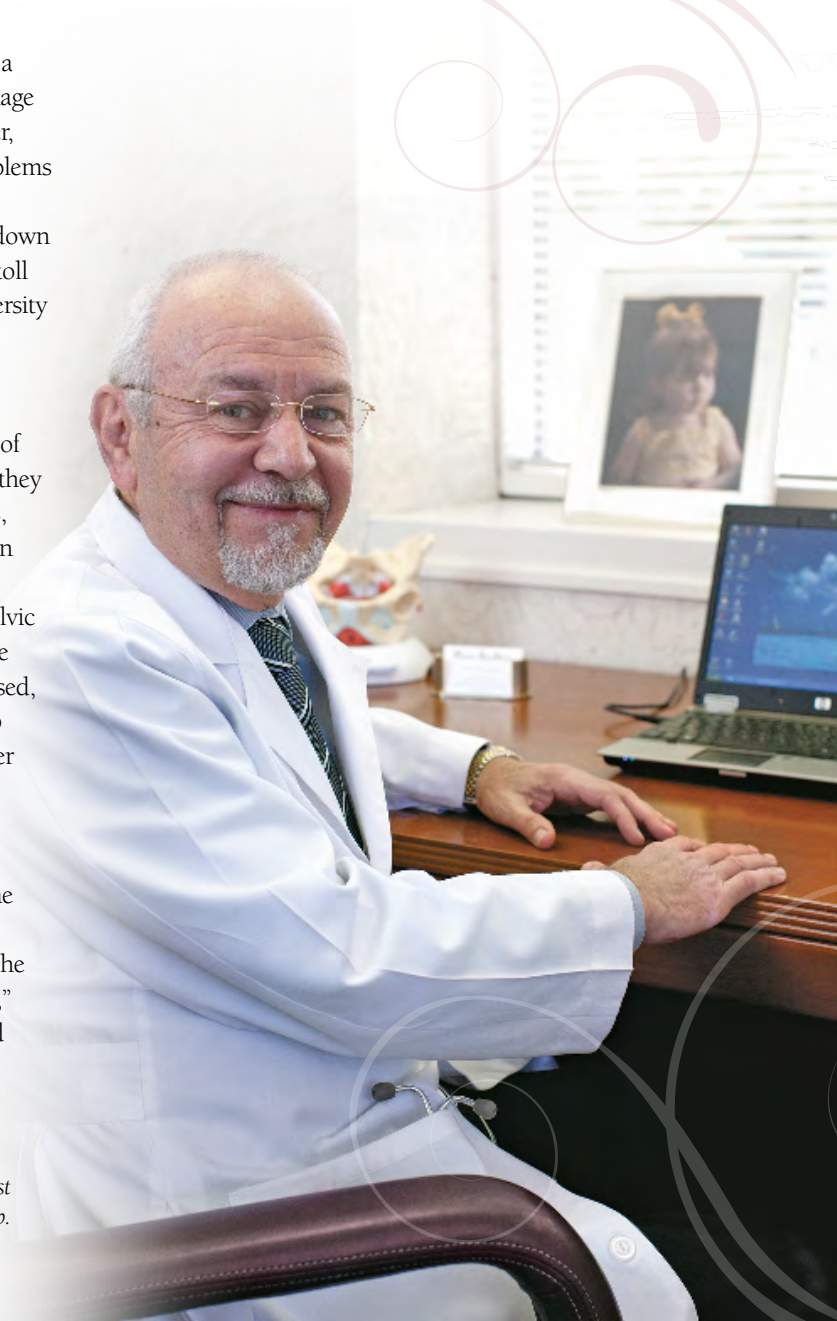


Improving Quality of Life

As everyone knows, aging brings physical changes that often have a bearing on health. Many women, for example, are affected by damage to or weakening of the pelvic floor (the area supporting the bladder, intestines, and uterus), a condition that can cause debilitating problems like incontinence or pelvic organ prolapse, in which weakened ligaments and muscles allow the vagina or another organ to drop down out of place. In the past, difficulties like these took a considerable toll on many women's quality of life. But today physicians at the University of Tennessee Medical Center are providing help and enhanced treatment options to patients who face such problems.

Too often, though, women still consider these issues a normal sign of increasing age and fail to talk to their doctors about them. Instead, they may simply resign themselves to a lower quality of life. Pleas Copas, MD, an obstetrician and gynecologist at the medical center, has been treating pelvic problems in women for decades and has seen much progress in this regard. "The most significant breakthrough with pelvic problems today is that women are talking with their doctors; they're seeking treatment," he says. "Years ago these issues were not discussed, and therefore treatment was not discussed." Women who seek help from their physicians learn about options that can give them a better quality of life, including medications, exercise regimens, or even surgery.

Bryce Bowling, MD, a urogynecologist who recently returned to the Knoxville area to practice, also speaks of the importance of getting treatment. "We're here to assist the women of East Tennessee and the surrounding area with debilitating issues related to the pelvic floor," he says. "Lifestyle-limiting issues such as pelvic organ prolapse and incontinence of the bowel or bladder are treatable conditions."





C. Bryce Bowling, MD, discusses treatment options with a patient.

Women who are experiencing incontinence or a sensation of pressure in the pelvis, or who can't easily urinate or empty their bowels, may be having pelvic support problems. These can result in conditions including pelvic organ prolapse, urinary or fecal incontinence, or fistulas, abnormal holes or openings between two organs or vessels that ordinarily don't connect, such as the bladder and the vagina.

Reconstructive pelvic surgeries include procedures that repair:

- Pelvic organ prolapse with defects involving the cervix and uterus, bladder, urethra, small intestine, or rectum
- Vesicovaginal, rectovaginal, and urethrovaginal fistulas
- Anatomic problems contributing to urinary and fecal incontinence

Another advance that has been achieved over time is the minimally invasive surgical techniques used in these operations.

Once performed as traditional open surgery that left a large incision in the abdominal area, the procedures are now done with minimally invasive technology, giving patients the benefits of less blood loss, less risk of infection, minimal scarring, and a fast recovery. Surgeons can choose to use laparoscopic instruments, the da Vinci robotic surgery system, or the option of operating directly through the vagina.

Bowling elaborates: "While laparoscopic and robotic approaches to female pelvic floor disorders are a great alternative to open abdominal procedures, we believe there is nothing more minimally invasive than the vaginal approach to pelvic floor surgery. Almost all types of pelvic floor reconstructive cases can be performed vaginally by a surgeon trained in the specialty, with success rates as high as or higher than traditional abdominal or laparoscopic approaches and without the need for a single abdominal incision."

Melissa Winchenbach

C. Bryce Bowling, MD



A Knoxville native and a graduate of the University of Tennessee Health Sciences Center, C. Bryce Bowling, MD, is the area's only fellowship-trained urogynecologist and pelvic reconstructive surgeon. He oversees the new UT Urogynecology division at the University of Tennessee Medical Center. UT Urogynecology, the only full-service urogynecology clinic in the region, offers operative fistula repair and surgical and nonsurgical management of pelvic organ prolapse, urinary incontinence, and fecal incontinence using in-office pelvic floor physical therapy, complex urodynamics, anal manometry, and endoanal ultrasound.

Bowling received his medical degree from the University of Tennessee Health Sciences Center in Memphis and remained there for his residency training in obstetrics and gynecology, during which he served as chief resident. After that he completed an accredited fellowship in

female pelvic medicine and reconstructive surgery at the University of Alabama in Birmingham.

Bowling has authored many peer-reviewed articles and book chapters and has presented research in pelvic reconstructive surgery at scientific conferences at the national and international levels. He has traveled to Africa as a member of the Ganta Hospital Fistula Project and has offered his surgical services and expertise to the women of Liberia and Guinea who are living with debilitating vesicovaginal and rectovaginal fistula, an unfortunate and life-altering complication of prolonged childbirth.

Besides his work in urogynecology, Bowling enjoys spending time outdoors with his family camping and fishing. He is a collector of vintage and rare writing pens and enjoys photography. He has also trained and previously served as an instructor at Kum Sung Martial Arts in Knoxville.

FROM TEXAS TO TENNESSEE



Physician Brings Advanced Surgical Skills to Patients

Her love of horses and outdoor adventure were not all Kathleen S. Herbig, MD, plastic surgeon, brought with her to Knoxville.

A native of California, Herbig originally wanted to become a veterinarian. But the more she looked into medical school, the more she became interested in the human aspect of medicine.

Herbig received her undergraduate degree from Colorado State University and went on to receive formal training at the University of Texas Southwestern Medical Center, where she completed both medical school and a residency in plastic surgery. She then completed a fellowship in microvascular surgery at MD Anderson in Houston. The skills she gained along the way extend beyond elective plastic surgery into an area that is changing patients' lives. Herbig specializes in advanced reconstructive surgery in trauma patients and cancer patients.

"Dr. Herbig is a great addition to the microsurgery capabilities here at the University of Tennessee Medical Center," says Joseph T. Chun, MD, a plastic surgeon at the medical center. "Besides bringing with her new techniques, she also has extensive training and expertise, allowing for the microsurgical transfer of different types of tissues. This is an excellent capability for reconstructive surgery."

Plastic surgery has evolved in recent years, incorporating many new techniques such as microvascular surgery, a fascinating component of Herbig's talents. This type of surgery involves using the patient's own tissues for reconstruction that requires reconnecting very small blood vessels only one to four millimeters in diameter. The surgery is performed through an operating-room microscope using specialized instruments and tiny needles with ultrafine sutures. The surgeon is able to transfer and restore circulation before the tissue starts to die.

Herbig was drawn to The University of Tennessee Medical Center because she was looking for an academic medical center with a private-practice feel. As the only fellowship-trained microvascular surgeon in the region, she devotes considerable time to nursing education and partnering with her clinical staff and colleagues to educate others on best practices for patients.

"I am excited to be here at the University of Tennessee Medical Center and I am looking forward to being able to develop a microsurgery program to benefit the people in our community and provide them with the complete spectrum of reconstructive options," says Herbig.

Melissa Winchenbach

In her spare time, Herbig enjoys spending time with her husband, Patrick, and her animals. Besides riding and caring for her 5-year-old horse, Mayhem, she pursues many other outdoor activities, such as hiking, scuba diving, and skiing. As a former Texan, Herbig now wears a new shade: Big Orange.





Gynecologic Oncology:

Treating Female Cancers with Dignity,
Grace & Advancements

*P*icture yourself going through your days feeling good and enjoying your family and friends. You're living life to the fullest and making plans for the future. Then one day you're told you have cancer. Life changes.

For more than 80,000 women in the United States each year, a new diagnosis of gynecologic cancer is a reality. Many of these women had no symptoms and their cancer was discovered in the course of a routine checkup. Others may have experienced symptoms such as a loss of appetite, nausea, pain or discomfort, a feeling of fullness, an unexplained weight gain or loss, abnormal vaginal bleeding, frequent urination, or a combination of these.

If you receive a diagnosis of cancer, it's important to know there are experts who not only can provide you with advanced diagnostic and treatment options but also understand the

associated issues and are there to support you every step of the way. University Gynecologic Oncology at the University of Tennessee Medical Center Cancer Institute offers women access to a comprehensive team of cancer specialists focused on the treatment of gynecologic cancers and provides additional resources and support. Patients benefit greatly from being treated by physicians in the gynecologic oncology specialty, who manage the patient's care from start to finish – from preventive care to surgery to chemotherapy and follow up.

"One of the great things about University Gynecologic Oncology," says Kristopher J. Kimball, MD, a medical center physician in the specialty, "is the amazing services for patient care and support that we have available through the Cancer Institute, which allow us to offer truly comprehensive gynecologic oncology services. We attempt to address all the



unmet needs of patients with a new diagnosis of cancer, not just surgery and chemotherapy. Whether it be disease-specific educational materials, nutritional teaching, spiritual counseling, patient support groups, financial services, or dedicated clinical research specialists, we can put patients in touch with someone who can help.”

Gynecologic oncology focuses on cancers of the female reproductive system, including:

- Ovarian cancer
- Uterine cancer
- Cervical cancer
- Endometrial cancer
- Other female genital cancers

Gynecologic cancer is the fourth most common type of cancer in females, affecting an estimated one in 20 women.

Regular exams and tests can help detect these cancers at an early stage, which increases the chance of a positive outcome. Understanding your risk factors and recognizing symptoms helps lead to early detection. Risk factors include:

- Having a family history of cancer
- Being over 50
- Starting menstruation at an early age
- Never being pregnant
- Having endometrial hyperplasia
- Having cervical dysplasia
- Suffering from other conditions such as hormone-related issues, cancers, diabetes, or obesity

If you're experiencing symptoms or have any of these risk factors, talk to your doctor. Seeing a fellowship-trained gynecologic oncologist is key to getting the best outcome.

Larry Kilgore, MD



After spending much of his career in another state, Larry Kilgore, MD, a board-certified leader in gynecologic oncology, has returned to Knoxville.

Kilgore, a native East Tennessean, attended the University of Tennessee, Knoxville and earned a BA in biology, then an MD at the University of Tennessee Health Science Center in Memphis. He then completed residency and fellowship at the University of Alabama at Birmingham (UAB) and joined the faculty.

Kilgore also reached many career goals as a gynecologic oncologist in the Department of Obstetrics and Gynecology at UAB. He focused on patient care, surgical training, and advanced cancer therapies, including robotic surgery. He also served

as a Professor and held the J. Max Austin Endowed Chair in the Division of Gynecologic Oncology. He was a Senior Scientist for the UAB Comprehensive Cancer Center, fellowship director for gynecologic oncology, and residency-program director in the Department of Obstetrics and Gynecology. Now, after two decades of developing, cultivating, and advancing his surgical expertise and becoming a leader in gynecologic oncology, he has brought his talents and expertise to the University of Tennessee Medical Center.

Kilgore enjoys spending time with his wife, Tricia, and their three children. Kilgore also has a passionate love of music and plays the guitar. He enjoys running, friends, golf, and all UT sports.



“Both physicians and patients should be familiar with the signs and symptoms of ovarian cancer. There’s no reliable screening test for the disease, but it is not “silent.” Abdominal swelling, abdominal pressure, or symptoms related to altered bowel or bladder function may signal its presence. When ovarian cancer is suspected, treatment planning and staging surgery should be done by gynecologic oncologists who are capable of performing the most advanced surgical procedures. The surgeons at University Gynecologic Oncology combine superior training with the highest level credentials and rank among the most experienced and well-qualified in the entire Southeast,” says the Cancer Institute’s Larry C. Kilgore, MD.

Led by surgeons, board-certified in the specialty, University Gynecologic Oncology uses a team approach that achieves the best possible outcome by involving many specialists in a patient’s

care, including radiologists, radiation oncologists, pathologists, interventional radiologists, medical oncologists, and surgical oncologists. Among the many sophisticated treatment options are:

- Surgery – Both traditional surgery and advanced minimally invasive robotic surgery
- Chemotherapy – Including targeted therapies and intraperitoneal therapy
- Radiation therapy –Including external beam radiation and high-dose-rate brachytherapy
- Clinical trials – Access to National Cancer Institute and pharmaceutical sponsored trials offering the latest in innovative therapies

Physicians at the medical center are also involved in extensive research (including clinical trials) designed to develop improved treatment options and patient care. Backed by this work and armed with deep experience and skill, the gynecologic oncologists identify proper treatment options and guide patients in the fight against cancer.

“We are privileged to be one of the only centers in East Tennessee to offer cutting-edge, nationally supported clinical trials, minimally invasive radical surgery, and advanced modalities of chemotherapy administration such as intraperitoneal chemotherapy to appropriate candidates,” Kimball says. “Those options give women the best chance of beating these terrible diseases.”

Whether you’re just experiencing a few possible symptoms or require surgery or other treatment, the physicians at the University of Tennessee Medical Center have the experience, care, and skill to help you through the journey.

Wendi Hope Hager



UF Gynecologic Oncology
Kristopher J. Kimball, M.D.
Gynecologic Oncology



Sheri Morgan, Ovarian Cancer

It was a good thing that Sheri Morgan, 46, moved quickly to investigate the pain she was feeling. Instead of waiting and hoping that it would pass, she decided to consult her doctor right away. He found a mass in her body and ordered an ultrasound, which led to a whirlwind of urgent activity over the next several hours. The suspected problem? Ovarian cancer.

Morgan's physician immediately sent her to Larry Kilgore, MD, an experienced, board-certified gynecologic oncologist with University Gynecologic Oncology at the University of Tennessee Medical Center Cancer Institute. Morgan was diagnosed in May 2010 with a stage IIIC primary peritoneal serous adenocarcinoma. Her treatment began with an operation to remove the large mass that had formed on her ovary. "My husband and I had both thought I had just put on a few pounds," she explains. "If the pain hadn't started, we wouldn't have known."

Many women with ovarian or peritoneal cancer notice none of the classic symptoms of the disease. Some may experience pain, nausea, loss of appetite, abnormal vaginal bleeding, frequent urination, or other symptoms.

Kilgore confirmed that Morgan had ovarian cancer and decided on the best course of treatment. "Sheri underwent a surgical staging procedure where all visible disease was removed," he says. "This was an important step in her treatment planning and prognosis. It allowed her to receive chemotherapy while participating in a very advanced and important National Cancer Institute clinical trial [known as GOG 252], available through the University of Tennessee Medical Center Cancer Institute and directed by University Gynecologic Oncology. The trial provided Sheri with a number of new treatment modalities not available otherwise, including the biologic agent Avastin combined with a dose-dense chemo regimen that decreased potential side effects while actually increasing the total amount of chemotherapy."

Within a few days of surgery, Morgan began chemotherapy as a member of the clinical trial, which provided her with chemo treatment one day a week. Now she has completed the initial phase of the program and has achieved remission. "You have to let others see you go through this with a good attitude," she says, looking around the "chemo hut" at the medical center. "It was a shock when I found out, but you have to just go with

it and do what you have to do. Even when it's hard and you don't feel well, I think it's important to keep a good attitude. You just can't erase what's happening, and it will pass."

Morgan is now cancer free. She attributes her strength and the remission to her family and the medical center staff, all of whom continue cheering her on. "Family does matter," she says, smiling as she thinks of her husband, James Russell (Rusty); daughter, Stephanie; son, Lee; and granddaughters Morgan, 5, and Kaitlyn, 2. "They keep me going. Dr. Kilgore and the chemo nurses are the best. Everyone was great, and everyone was wonderful to me. I do not want to ever go to another hospital."

Morgan has continued to work throughout this journey. She also enjoys spending time with her family, cooking, swimming, crafting, and (as a grandmother, of course) playing with Barbie. Now she's taking part in another clinical trial at the medical center in hopes of making a difference to other women with ovarian cancer. "Don't wait until it's too late," she warns. "If you feel something is wrong, don't wait. Get it checked out, and catch it early."

Wendi Hope Hager

da Vinci[®] HD[™]

SURGICAL SYSTEM

Expanding Surgical Options for Women

Many years ago the thought of having a hysterectomy sent chills down a woman's spine. But today hysterectomies and other gynecologic surgeries are no longer how our mothers remember them. Instead, there are technologies that offer more options and far greater benefits to women who have gynecologic problems or need a procedure such as a hysterectomy.

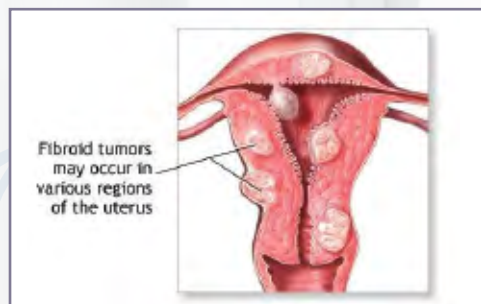
A major source of those advantages is the da Vinci Surgical System and the expertise of the surgeons trained to use it. A robotic technology enabling surgeons to perform procedures

Stephanie B. Cross, MD, an obstetrician and gynecologist with Women's Care Group.

that once required traditional open surgery, the da Vinci surpasses other laparoscopic techniques in treating such problems as endometriosis, uterine fibroids, excessive menstrual bleeding, and uterine prolapse. There are other treatments for these, but when a troublesome condition persists, surgery may well be the best option.

Symptoms like abnormal bleeding, pelvic pain or pressure, and incontinence of urine or bowel movements plague many women. The causes can range from noncancerous uterine fibroids to endometriosis to pelvic support problems. Aided by the da Vinci's advanced capabilities, surgeons are bringing these women relief with procedures such as hysterectomies, myomectomies, and cystectomies.

Fibroid tumors, noncancerous growths in the uterus, are very common, occurring in one of every three women. Although they can be asymptomatic, they often cause pain, pelvic pressure, and heavy bleeding. One surgical option is a myomectomy, a procedure that removes only the fibroids; in a more complicated case, a hysterectomy may be needed. The robotic technology offered by the da Vinci system allows the surgeon to make small keyhole-size incisions in the abdomen and then view the operative field on the video monitor. Sitting at a console, the surgeon sees a greatly magnified 3-D image of the target anatomy. Master controls translate his or her wrist, hand, and finger motions into precise movements



of the instruments in real time. The robotic system isn't programmable and can't make decisions on its own; it can only enhance the delicacy and accuracy with which surgeons do their work.

"The first time I saw the da Vinci robotic system in action was truly a professional epiphany for me," says Stephanie B. Cross, MD, an obstetrician and gynecologist at the medical center. "I realized that large incisions for gynecologic surgeries would become a thing of the past. Six hundred thousand hysterectomies are performed in the U.S. every year, and nearly two-thirds of them are done through large incisions. The ability to eliminate big, painful incisions and a long recovery time substantially improves patient care. I'm so excited to be a part of this surgical revolution and to offer it to patients."

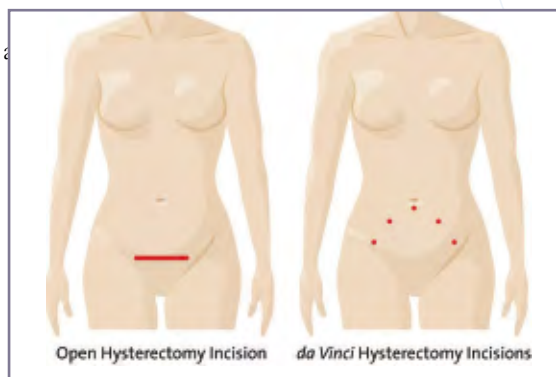
For most women, the da Vinci system provides many benefits compared with traditional open surgery, including:

- Minimal blood loss
- Significantly less pain
- A shorter hospital stay
- A quicker recovery
- The prompt return to normal activities
- Small incisions that cause minimal scarring

Surgeons train extensively in the skill of robotic surgery. Using the FDA-approved da Vinci platform, a surgeon can control every aspect of a procedure with greater precision, a better range of motion, increased dexterity, enhanced visualization, and improved access.

"Robotic surgery is another tool we can use to treat a number of gynecologic problems. It provides a minimally invasive approach with the benefits of quicker recovery, less blood

loss, and



consideration for a number of our patients who are planning surgery," says Robert F. Elder, MD, a medical center obstetrician and gynecologist and medical director of the Center for Women's and Children's Health.

With capabilities surpassing those of conventional laparoscopy, da Vinci is transforming gynecologic surgery. And it isn't limited to procedures like myomectomy and hysterectomy; surgeons in other specialties are using the da Vinci to treat their patients as well. For example, gynecologic oncologists can offer the technology to women with ovarian, uterine, and cervical cancers.

Speak with your physician about treatment options that take advantage of the da Vinci's sophisticated technology.

Melissa Winchenbach

Robert F. Elder, MD, an obstetrician and gynecologist with Women's Specialty Care and medical director of the Center for Women's and Children's Health.





Weight

MANAGEMENT SERVICES

No one could argue that obesity isn't a major health problem in the United States. Indeed, this past August the Centers for Disease Control and Prevention announced that Tennessee was tied with Alabama for second place in the nation's obesity rankings, following first-ranked Mississippi.

The CDC defines obesity in adults as a body mass index (BMI) of 30 or greater. "This means that a person who's 30 pounds overweight may be obese," says Gregory J. Mancini, MD, medical director of the Tennessee Weight Loss and Surgery Center. Most health professionals agree serious health problems, including diabetes, high blood pressure, high cholesterol, and sleep apnea, are often directly related to obesity. That's why weight control is crucial to maintaining good health and avoiding chronic health problems.

The University of Tennessee Medical Center offers programs and services to help people take control of their weight. These offerings range from community health education programs to nutritional consultation to weight-loss surgery.

Gregory J. Mancini, MD, medical director of the Tennessee Weight Loss and Surgery Center.

Height	Weight Range	BMI	Weight Status
5' 9"	124 lbs or less	Below 18.5	Underweight
	125 lbs to 168 lbs	18.5 to 24.9	Normal
	169 lbs to 202 lbs	25.0 to 29.9	Overweight
	203 lbs or more	30 or higher	Obese

Educational programs like the Healthy Living Kitchen and Grocery Store Tours help individuals learn to make good food choices. The Healthy Living Kitchen is a quarterly cooking class that teaches participants how to prepare delicious and nutritious food while learning culinary techniques and vital information about such things as portion control and safe food preparation. Grocery Store Tours are led by the medical center's registered dietitians, who share tips on healthy grocery shopping, comparing food labels, and selecting items for specific eating plans as they walk through store aisles.

Registered dietitians at the medical center offer individualized nutritional assessment and counseling for both inpatients and outpatients. The counseling sessions include analyses of dietary selections and cooking methods, tips for eating out and grocery-shopping, tools to track daily food intake, and tasty, low-fat recipes. Customized

nutritional plans can help people manage their weight, lower blood cholesterol, reduce triglyceride levels, and prevent or slow the development of diabetes.

Medically managed weight-loss solutions are available through the Tennessee Weight Loss and Surgery Center at the medical center. The focus is on lifestyle changes such as healthier eating and exercise, as well as bariatric surgery for those who qualify. A multidisciplinary team consisting of surgeons, dietitians, exercise specialists, and administrative staff works with each individual to create a weight-loss program that addresses his or her needs and has lasting effects.

Achieving and maintaining weight control can be a lifelong struggle. But with the help of the proven programs at the University of Tennessee Medical Center, a healthy weight and a healthy life are within reach.

Susan Wyatt



Managing Weight - A Patient's Story

"It scared me to death – I went to my car and cried," says Melissa Erby, a 31-year-old employee of the pet-products company PetSafe. Erby had just completed a biometric screening conducted by the medical center's Network Development program, where she'd discovered that she had high blood pressure. "Diabetes, heart problems, and high blood pressure run in my family," she says. "So after I stopped crying, I said to myself, 'I have to take control of my health.'"

As part of its wellness program, PetSafe partnered with The University of Tennessee Medical Center to do biometric screenings of the company's employees. The process included checks on cholesterol, height, weight, and blood pressure and healthy-lifestyle counseling. During Erby's screening, Lora Yoakum, RN, Network Development nurse at the medical center, made her an appointment with a primary care physician so she could get help in controlling her blood pressure. Her nutritional counseling began with Janet Seiber, RD, LDN, CDE, and Janet Hinkle, MS, RDLN, CDE, registered dietitians at the medical center. They assessed Erby's diet and made suggestions for healthy grocery shopping, food preparation, and meals.

Erby smiles as she recalls taking her niece and nephew grocery-shopping for a picnic. "They kept asking me if we were making healthy choices, and they chose grapes, not junk."

She adds, "Nutritional counseling taught me that I can do this by just changing what I eat." And the change has paid off. In just three months, she's lost 12 pounds. "I want to be healthy," she says. "I don't want to have to be on insulin or take a pill every morning for my blood pressure."





According to the American Medical Association in its recent publication *Physician Characteristics and Distribution in the U.S., 2010*, the number of physicians in the U.S. grew by just more than 100% in the past 30 or so years. The increase of female physicians in that time period, though, is an amazing 409%, from about 36,000 to almost 276,000. Women now account for nearly one-third of all physicians.

And the trend continues. Today's group of female resident physicians is about 45% of the total number of residents nationwide. In 1980, the percent of female residents was only about 22%.

Similar trends are evident at the University of Tennessee Graduate School of Medicine. Currently, 34% of the total number of resident and fellow physicians are female. Thirty years ago, this was true for only 5% of the group.

This upward trend extends to medical school, as well. The Association of American Medical Colleges reports that almost half of all applicants to medical school in 2007 were women, and across all races and ethnicities, about 52% of female applicants were accepted. That year, women virtually reached parity with men in the numbers graduating medical school, reaching about 8,000 and more than doubling the number from the 1980's graduating class.

Interestingly, the top seven specialties in 1975 are still the top seven today; although, they rank differently in the top-seven list. Today, the top ranking specialties for female physicians are:

Specialty	# of Female Physicians	% of Total Female Physicians
Internal Medicine	52,578	19%
Pediatrics	41,546	15%
General/Family Medicine	32,532	12%
Obstetrics/Gynecology	19,698	7%
Psychiatry	14,381	5%
Anesthesiology	9,881	4%
Emergency Medicine	7,619	3%



Ragi Doggweiler, MD, associate professor, Division of Urology.

The popularity of these specialties is evident with the UT Graduate School of Medicine graduates, as well. From 2005-2010, almost 85% of female residents and fellow physicians graduated in the specialties of Family Medicine, Internal Medicine, and Obstetrics/Gynecology.

Because of the relatively recent growth of women in medicine, you'll find more male than female physicians over age 55. The age group with the most female physicians is ages 35-44. This holds true in Tennessee, where about 1,400 female physicians are ages 35-44, out of a total population of female physicians in the state of close to 4,500.

Many of those female physicians came from right here at the UT Graduate School of Medicine. For the past five years, about 45% of its female graduates chose Tennessee in which to practice medicine, bringing more highly trained and specialized physicians to our communities.

Women Close to Home

What's causing this striking increase of women in medicine, and do women today find it difficult to make their way in a once male-dominated career?

"When I grew up, it was planned that I would get married and have children," says Ragi Doggweiler, MD, who has been practicing medicine in Neuro-urology for 12 years. "I studied nursing, but 10 years later, I decided to pursue medicine. Women no longer have to choose between career and family."

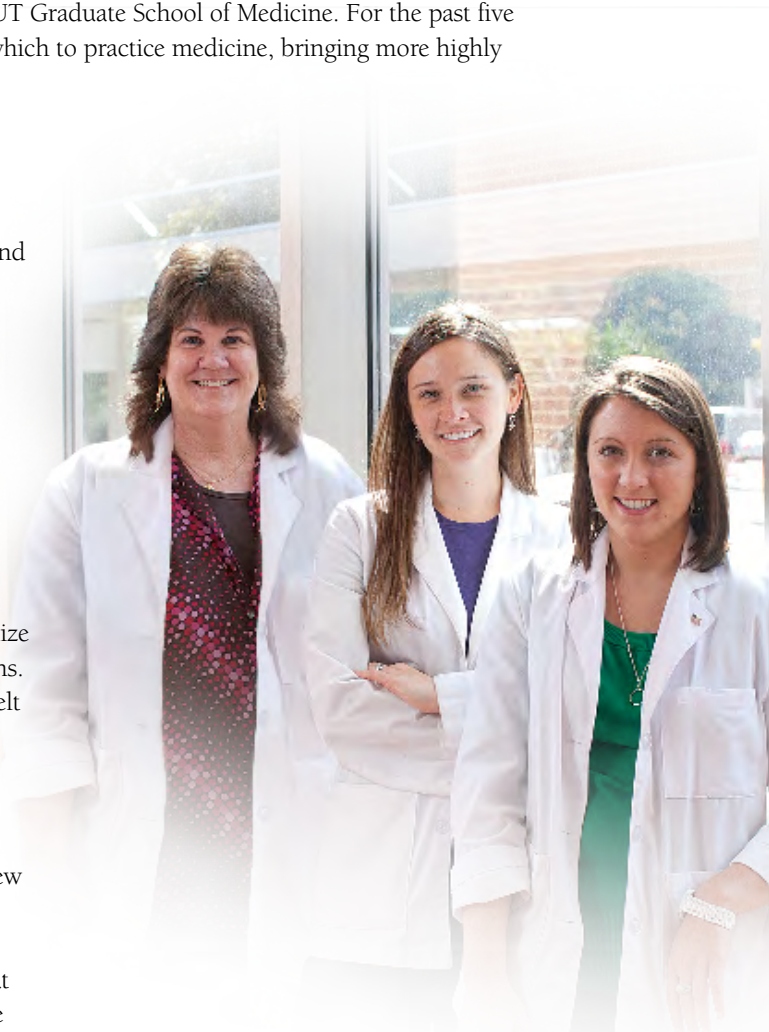
Today's medical students seem to have fewer gender barriers. Dory Miller, a third-year medical student who plans to specialize in sports medicine, did not consider gender in her career plans. "My decision to pursue medicine was based on the fact that I felt a calling toward the profession," she says. "My gender had no impact on that decision."

Fourth-year medical student, Katherine Dabbs, agrees. "Being female didn't impact my decision. There just needed to be a few women to pave the path, and the rest of us have followed."

"I'm not surprised by the growth in female physicians," says Pat Crawley, MD, a fellow physician in the Cardiovascular Disease Fellowship program. "Women no longer feel constrained to certain professions or roles."

"I think it's important to have men and women in this profession," Doggweiler says. "It's like having the yin and the yang."

Women physicians might disagree about whether they bring a more compassionate touch to medicine than men do, but all would agree that pink stethoscopes represent a cultural change and a better future for healthcare.



Pat Crawley, MD, fellow in the Cardiovascular Disease Program; Katherine Dabbs, fourth-year medical student; Dory Miller, third-year medical student.

Amanda F. Johnson



Paying it Forward

Toward the end of her pregnancy, Jeanne Potter felt as if the doctor's office had become her second home. Expecting twins, she went for daily checkups with Robert Elder, MD, her OB/GYN at the University of Tennessee Medical Center.

"We were doing all the right things, but there were still complications," says Jeanne.

"One day she came in and I said, 'Look, we've got to have these babies today,'" says Elder, who is also medical director of the Center for Women's and Children's Health at the University of Tennessee Medical Center.

Timing was everything. With her husband, Boog, at her side, Jeanne immediately checked in for an emergency C-section, and within hours son Corson and daughter Addison were born – two months premature and severely underweight. The Potters knew the twins were destined for the Neonatal Intensive Care Unit, or NICU. As for the experience they would have there, again, timing was everything.

The Potters, who delivered in April 2007, were among the first families to benefit from the medical center's Phase I expansion of the NICU. The \$4 million renovation had just been completed and had brought with it state-of-the-art equipment, specialized services, and a designation as the region's first and only Level III private-room NICU. Nearly half of the 58-bed nursery had been converted from an open environment into a suite of individual rooms – each with sophisticated controls for light, sound, and temperature designed to ease the entry of sick, premature, and at-risk babies into the world. The Potter children stayed together in one of five new "twin rooms" created by the Phase I expansion.

Phase I renovated 28 of the NICU's 58 beds with a planned Phase II expansion to convert the rest of the unit. "It's like A Tale of Two NICUs right now," says Elder. "While the same exceptional care is available in both the open bay and the private rooms of the NICU, the private rooms provide a soothing, personal environment for babies and parents to bond, nurture, and heal."



Corson, 3 days old.

*The Potter family in the NICU,
on Mother's Day 2007.*



Addison Potter.



The medical center is in the midst of a capital campaign to make Phase II a reality. While Phase I was funded by operational cash and federal assistance, the additional \$4.8 million necessary for Phase II is coming entirely from philanthropic dollars. Thanks to Boog and Jeanne Potter's \$50,000 gift and other gifts from throughout the community, the medical center has raised \$2 million so far toward this effort.

"I can't think of a better way to make a difference than helping kids get better care right at the beginning of life," says Boog, who runs several businesses with Jeanne's help. "We were definitely in the right place at the right time when the twins were born. If we can help in some way to let other families have that kind of experience, that's our motivation."

"The research is clear: there are definite medical advantages," says Mark Gaylord, MD, a neonatologist and professor of

pediatrics at the University of Tennessee Medical Center. The lower light cuts the chance of retina damage, separate rooms reduce the spread of infection, and the sound-dampening floors and wall treatments minimize sleep problems. "We cut the noise to about 30 decibels in the single rooms, compared to twice that or more in the open areas," says Gaylord.

"It was still a shock in terms of the wires, the tubing, the ventilators. Nobody can prepare you for a premature birth," Boog says. "But the atmosphere and the care made all the difference."

"As difficult as it was, we had the feeling we were in great hands," says Jeanne. "The NICU holds a special place in our hearts, and always will."

Rachel Greene

*The Potter family
present day.*





Women's Health: Research & Clinical Trials

When it comes to researching women's health issues, the University of Tennessee Medical Center and UT Graduate School of Medicine take a comprehensive approach. Research and clinical trials are ongoing in just about every area of women's health. Take a look at a few of these promising projects:

Optimizing Treatment for Ovarian Cancer

The National Cancer Institute estimates in 2010, physicians will diagnose 21,880 new cases of ovarian cancer in the U.S. And this year, 13,850 women will die from the disease.

Larry Kilgore, MD, and Kristopher Kimball, MD, gynecologic oncologists at the University of Tennessee Medical Center Cancer Institute, don't like those odds. They are conducting a pivotal national clinical trial to investigate treatments of ovarian cancer—a study that has the potential to yield exciting results and advance and optimize the treatment of this devastating cancer.

The clinical trial is looking at four very advanced concepts in the treatment of ovarian cancer. A key component is the use of intraperitoneal (IP) chemotherapy, which involves delivering chemotherapy directly into the abdominal cavity. Other important concepts include targeted therapy up front, targeted therapy for consolidation, and a “dose dense” weekly chemotherapy regimen. The physicians are investigating which treatment is most effective in delaying progression of the disease and improving survival.

“It is very important that patients with cancer seek out, understand and participate in research clinical trials related to their particular disease process,” says Kilgore. “Participation in a clinical trial not only provides the patient with the most up-to-date therapies for their disease, but it also provides research answers for future patients.”



Leading clinical trials on ovarian cancer are (L to R) Larry Kilgore, MD, gynecologic oncologist; Randi Ray, RN, research nurse; and Kristopher Kimball, MD, gynecologic oncologist.

Diabetes Drug Might Impact Breast Cancer Survival

A drug that is used to regulate insulin in people with Type 2 diabetes might help women with early-stage breast cancer. Physicians at the University of Tennessee Medical Center Cancer Institute are joining others across the country in a trial endorsed by the National Cancer Institute to study the effects of the diabetes drug, metformin, on recurrence and survival in women with early-stage breast cancer.

For more information about clinical trials at the University of Tennessee Medical Center Cancer Institute, contact the clinical trials office at 865-305-9773 or visit www.utmedicalcenter.org and click on Cancer Institute.



Physicians in the Division of Urology, (L to R) Ragi Doggweiler, MD, an associate professor; Ryan Pickens, MD, chief resident; and Frederick Klein, MD, chair and professor, research new treatment options for voiding dysfunctions.

Private Issue, Public Scorn: Opening the Door on Voiding Dysfunction

Usually discussed only in whispers, voiding dysfunction is a major health and social problem, causing serious impact on patients' quality of life. Voiding dysfunction includes bladder problems such as simple urgency, frequency and excessive urination at night (nocturia), to more significant problems of urgency incontinence, stress incontinence, incomplete emptying, and urinary retention.

People who suffer from bladder problems often do so silently because of the associated social stigmata. They remove themselves from society, suffer from depression, are too embarrassed to have sex, and will not travel. They lose dignity and independence. As many as 45 percent of adults suffers from some sort of voiding

dysfunction, yet almost 75 percent of them are too embarrassed to mention symptoms to their physicians. In turn, about one-third of family doctors don't ask.

"Something can be done. We can change someone's life," says Ragi Doggweiler, MD, associate professor in the Division of Urology. She and her colleagues have been leaders in treating voiding dysfunctions, offering the newest technologies and treatment options with excellent results and documented improvement in patients' quality of life.

Single-Incision Mid-Urethral Sling

The first single-incision mid-urethral sling procedure was performed by Frederick Klein, MD, chair and professor in the Division of Urology, in August 2007. He and his colleagues now have performed more than 400 of these procedures with a two-year success rate (totally dry) of 92

percent. In the procedure, a tiny mesh sling is surgically placed under the urethra (the canal that transports urine from the bladder to outside of the body), preventing accidental urine leakage.

Sacral Neuromodulation

Klein first performed sacral neuromodulation in Knoxville in 2001. This procedure provides electronic stimulation to bladder nerves to cure or improve patients suffering from symptoms of urgency, frequency, urgency incontinence, and idiopathic urinary retention. Physicians in Klein's group have now performed more than 500 procedures, and patients report satisfaction and quality of life have been dramatically improved. The newest minimally invasive procedure to electronically influence bladder behavior, called percutaneous tibial nerve stimulation, has received FDA approval and will be performed by Doggweiler in January 2011.

Robotic Sacral Colpopexy

The latest minimally invasive treatment for vaginal vault prolapse and stress incontinence is a robotic sacral colpopexy. This operation involves attaching a piece of mesh inside of the body to restore the normal position of female reproductive organs. Robert Elder, MD, an associate professor of Obstetrics and Gynecology,

and Wesley White, MD, director of Robotics and

Minimally Invasive Urology, were the first in the region to offer this procedure. “It is important to understand that although these procedures can be successful, first-line treatments should include behavioral changes, medications, and physical therapy,” Doggweiler says. Patients and their doctors should work together

Research on success rates of breast conservation using hookwire-guided procedures is led by Jim Lewis, MD, FACS, Surgical Oncology, and Michelle Fillion, MD, fourth-year surgical resident physician.



for the best results.

Breast Conservation: Variable Success Rates Found in Hookwire Procedure

Women who choose breast conservation instead of full mastectomy should understand important research conducted by physicians at UT Graduate School of Medicine.

In three recent studies led by Michelle Fillion, MD, in the Department of Surgery, physicians examined the success of breast conservation, also called partial mastectomy, when a hookwire-guided procedure is done for cancerous masses that cannot be felt by touch. Hookwires are tiny-gauge wires inserted into the breast near the cancerous mass before surgery. With the use of x-ray, the hookwires act as guides to the mass, so surgeons can remove it.

“In our studies, we compared patients who had single versus multiple wires used to locate masses, and we looked at rates of positive margins, re-operation, and volume of breast tissue removed,” Fillion says.

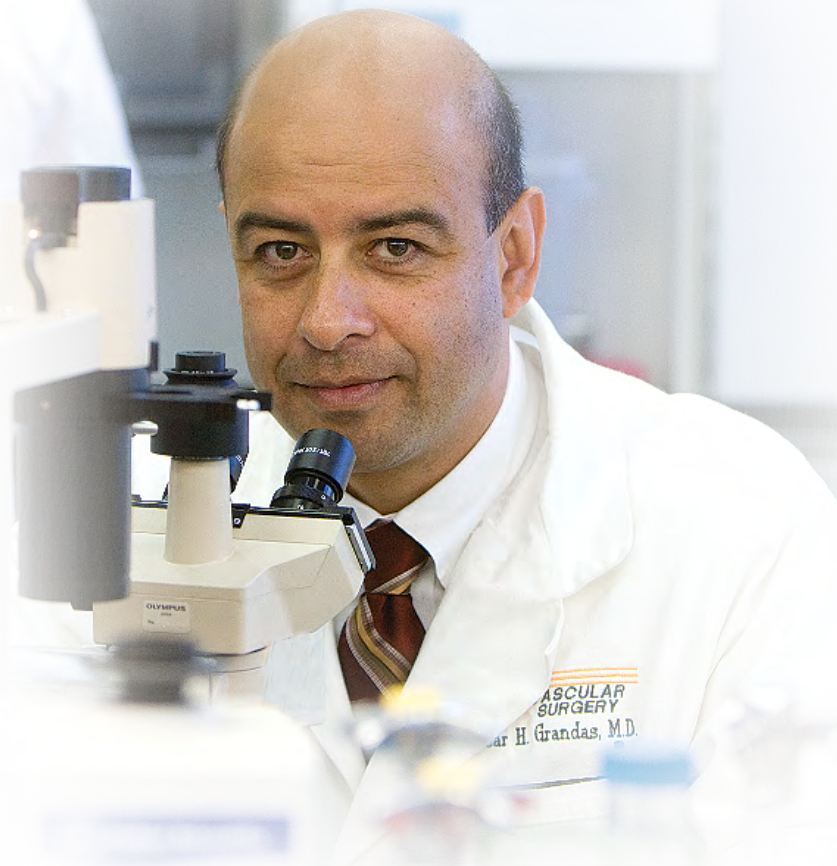
Physicians found that patients with larger breast cancer masses are more likely to have multiple hookwires placed. These patients had more breast tissue removed, but they also had higher rates of positive margins (cancerous cells left behind near the original mass) and additional surgeries, often resulting in full mastectomy.

“We surgeons must counsel our patients carefully about who is an optimal candidate for breast conservation,” Fillion says, “and it’s vital for patients to ask their doctors about success rates and risks for any breast cancer therapy.”



Study Examines HRT's Impact on Recovery

Women taking hormone replacement therapy (HRT) have more complications following surgical procedures for peripheral vascular disease. Oscar Grandas, MD, an associate professor, and Deidra Mountain, PhD, an assistant professor in the Division of Vascular/Transplant Surgery, think these complications can be attributed to changes in the body's inflammatory processes. Grandas and Mountain are leading a study, funded by the Society of Vascular Surgery, that follows women 12 months post-operatively in order to correlate changes in inflammatory biomarkers with clinical outcomes. If evidence proves that an increased inflammatory response is correlated to HRT-associated complications, targeted interventions could improve long-term outcomes in women taking HRT. For more information, contact Susan Rawn, clinical trials coordinator, Department of Surgery, at SRawn@utmck.edu or 865-305-9227.



Oscar Grandas, MD, vascular surgeon and associate professor, directs scientists in the Vascular Research Laboratory.



Finding Answers

Providing the best care for patients is underscored by a focused research component at the University of Tennessee Medical Center and UT Graduate School of Medicine. Mitchell Goldman, MD, assistant dean for Research at the Graduate School of Medicine, says research is integral to comprehensive healthcare. "The environment created by scholarly activity by practicing physicians in an academic medical center improves the quality

of patient care, residency training, and delivery of services to the community," he says. "Research answers questions, which lead to discoveries."

Visit the University of Tennessee Medical Center website at www.utmedicalcenter.org and the UT Graduate School of Medicine at <http://gsm.utmck.edu> for more information on how we are finding answers for our patients.

Amanda F. Johnson



Cancer Support Groups

Participation in support groups has been shown to improve mood, encourage the development of coping skills, and improve quality of life and immune response.

For more information about cancer support groups, contact Teri Freeman, clinical social worker, at the University of Tennessee Medical Center Cancer Institute at TAFreeman@utmck.edu or 865-305-6154.



EMPLOYEES “LIGHT IT UP”

“Dedicated...generous...
committed...giving.”

These are the words that come immediately to mind when I think about our employees,” says Joe Landsman, the medical center’s president and CEO, as he recounts the success of the 2010 Torch Campaign. “I couldn’t be more grateful or more impressed.”

And there’s good reason to be both grateful and impressed. One year ahead of schedule, University of Tennessee Medical Center, UT Graduate School of Medicine, and University Physicians’ Association employees surpassed their \$1 million five-year goal for the Torch Campaign. In fact, 2010 contributions to the Torch Campaign have brought the total amount raised to \$1,071,268 as of October 25, 2010.

“We are so fortunate to have people working throughout our campus who not only provide excellent healthcare but also care enough to give financially in order to enhance our programs and services,” says James Neutens, dean of UT Graduate School of Medicine. “It’s a cliché, but their actions speak louder than words.”

Each year the Torch Campaign is led by a committee of employees who volunteer their time to the campaign’s management and mission and who communicate to more than 4,000 fellow employees the tremendous impact their gifts will have on patient care, education, and research.

By participating in the campaign, employees can directly see how much far-reaching help their generosity provides to patients and families throughout East Tennessee.

“I care so much about this hospital, about our patients, and about the amazing things we do here. It makes me feel great to give to and be a part of the Torch Campaign. All of us know that this is one more way we can make this a fantastic place to work and continue excelling at the thing we do best – providing superior patient care,” says Garlena Lee, director of the Sleep Disorders Clinic and a Torch Campaign co-chair.

AMOUNT RAISED:



Employ



FOR TORCH CAMPAIGN

Gifts made to the Torch Campaign have benefited numerous programs and departments across our organizations:

- All Center of Excellence departments and programs at the medical center
- The Magnet Journey and other nursing efforts
- Graduate School of Medicine research and education programs
- Pastoral Care and the Crisis Fund
- The building campaigns for the Heart Hospital, the Neonatal Intensive Care Unit, Family Medicine, the Health Information Library, operating room renovations, the Medical Simulation Center, and the Radiation Oncology department within the new Cancer Institute.

Gifts to the Torch Campaign touch every part of the medical center campus and are received from employees in all areas of the hospital. Thousands of employees donate each year, often to medical center programs that have impacted their own lives.

"When the Torch Campaign began this year, it was very important for me because I was able to give in honor of all the nurses and physicians who were part of the team that cared for my wife during her hospital stay earlier

this year, and to continue my support of the medical center's patient care programs," says Joe Giebudowski, a member of the Maintenance Department team at the medical center.

"It's so gratifying to actually see our contributions come to life and make a difference," says chaplain Ben Lewis, a member of the Pastoral Care department who works closely with the Heart Lung Vascular Institute and the staff, patients, and families of the Cardiovascular Intensive Care Unit.

"As an employee family, we came together to help patients, families, and our peers. The Torch Campaign impacts both the Pastoral Care department and the Heart Lung Vascular Institute," Lewis says. "Torch contributions helped build the Heart Hospital, and they also help Pastoral Care programs like Clinical Pastoral Education and the Chaplain Crisis Fund."

"Even during tough economic times, our employees continue paying it forward," notes Joe Landsman. "They do that not only by demonstrating their commitment to our mission each and every day in the workplace but also by going the extra mile as contributors and participants in the Torch Campaign. My genuine thanks and heartfelt gratitude go out to all of them for their willingness to support what we do and believe in so passionately."

Rachel Greene

ees Care

\$1,071,268

Bilo Spencer Nelson Lobby



Mrs. Bilo Spencer Nelson
Mrs. Bilo Spencer Nelson spent years of her life serving others, especially dedicated herself to helping those in need. She made their beds in the East Tennessee region, she is honored for her compassion, clinical interest and devotion to making the most of every day. She has been a source of inspiration to many, and her legacy will continue to live on in the hearts of those who knew her.

In honor of her compassionate acts of kindness and love, which have helped patients, families, and staff, the University of Tennessee Medical Center has announced the naming of the Bilo Spencer Nelson Lobby.

Bilo's philanthropic gift of \$1 million benefits programs throughout the medical center campus and includes support for the George and Nancy Doebler Pastoral Care Endowment, the Heart Hospital, and the Health Information Center. She is dedicated to complete healing – physical, mental, and spiritual.

Thank you, Bilo, for your thoughtful and gracious support of the University of Tennessee Medical Center.



At this time of reflection and gratitude for our many blessings and friends, the staff, physicians, and leadership of the University of Tennessee Medical Center and UT Graduate School of Medicine extend our sincere gratitude to our many supporters.

Your generosity is helping to improve life, as well as save lives, through exceptional healthcare. Thank you for joining us in our unwavering dedication to the people of East Tennessee and to medical excellence achieved through healing, education, and discovery.

More than 120 motorcyclists came together on August 28 to show their support of the OUTLIVE Campaign benefiting the Cancer Institute at the University of Tennessee Medical Center. This tremendous outpouring of support raised more than \$7,000 for all the programs, patients, and families of the Cancer Institute.

Our gratitude goes to event chair Rita Roth, Coach Bruce Pearl, and ride sponsors Smoky Mountain Harley-Davidson, Pilot, Dixie Iron Riders, Southern Biker, and Label Industries.

If you are interested in purchasing an OUTLIVE Ride T-shirt or would like additional information about the OUTLIVE program, please contact the Development Office at 865-305-6611 or development@utmck.edu.





In October, two events were held to raise awareness and resources for the University of Tennessee Medical Center's Breast Health Outreach Program (BHOP). First Friday Goes Pink and LINKS Fore the Cure, spearheaded by Renee Repka, Sherry Jenkins, Honorary Survivor chair Janet Testerman, and a committee of community volunteers, raised more than \$27,000 to provide mammograms to women in East Tennessee.

This was the inaugural year for the First Friday Goes Pink event, held at Knoxville's Market Square on October 1. First Friday Goes Pink was a collaboration between the LINKS committee, BHOP, and downtown businesses, which gave discounts to BHOP donors wearing pink wristbands. Participants were able to enjoy the businesses' offerings and watch the featured Movies on the Square film, *Pretty in Pink*.

Women golfers came together for the LINKS Fore the Cure golf tournament on October 18. The 10th annual golf tradition was held at Gettysvue Golf Course, and women from throughout the region played golf for this important cause. Since its inception in 2000, LINKS has raised more than \$350,000 to fight breast cancer by funding screening and breast health education projects for the underserved women of East Tennessee.

Thank you to all of the community leadership and sponsors who joined us in these special events for partnering with us in the fight against breast cancer.

Sponsors

- University Radiology
- University Cancer Specialists
- Women's Care Group
- Billingsley Eye Care
- Kathy Haynes
- Hildreth Agency
- Knoxville News Sentinel

In-Kind Sponsors

- B&T Distributors
- Beaty Chevrolet
- BOPP Photography
- Cherokee Distributing Co.
- Chick-fil-A
- Des Mahoney
- Goodson Bros. Coffee Company
- Knoxville Magazine

People Skills

Marg Dietz came to Knoxville from Arizona in 1964, when her husband, Sig, began teaching at the University of Tennessee's College of Education. She quickly joined the Faculty Women's Club and started volunteering for the Auxiliary at the University of Tennessee Medical Center.

"Sig retired in 1989, but I'm still at it," she says, adding that her husband has his own busy roster of volunteer activities elsewhere in the community.

Over more than four decades of volunteering at the medical center, Marg has kept her focus on people and people skills. She brought smiles to faces with goodies and treats in her first job, running the hospitality cart (and she brought tact and compassion to the necessity of turning down candy requests from diet-restricted patients). Later, working in the oncology clinic, she provided a sympathetic ear along with brochures and information to patients in need. Now at the medical center's main information desk, where she has been since the early 1980s, she is the calm and reassuring voice that is often a visitor's first impression.

"A lot of times we are the first ones that people talk to when they get to the hospital, and sometimes they are really stressed because of whatever situation is bringing them there," she explains. "It's important that we be friendly and welcoming."

Marg is among the longest-serving members of the Auxiliary – she has twice been its president – and her long tenure on the information desk provides a unique perspective on just how much the medical center has evolved. "The hospital has grown by leaps and bounds," she says. "There are always new offices opening or changing location, and we need to know about it all."

At 83, Marg is still going strong and has no plans to stop volunteering anytime soon. When asked why, she doesn't hesitate with her answer: "I like people. I like to help."

Nor does she skip a beat when asked to name the question most often heard on the information desk. "Where did I park my car?" I hear that an awful lot," she says. "We do have to play detective at times with that one. And with luck, we get them to their car."

For more information about volunteer opportunities at the University of Tennessee Medical Center please contact **865-305-9515**.

Hoopla

On November 6th individuals from throughout East Tennessee came together in celebration and support of the University of Tennessee Medical Center's Neonatal Intensive Care Unit during the 4th Annual Hoops for Premies and Hoopla on Market Square. These events raised more than \$9,400 in support of Phase II of the NICU expansion, which will transform an open-bay neonatal care area into private rooms for babies.

The Hoops for Premies tournament was created by Seth and Millicent Smith in gratitude for the excellent care they received upon the birth of their daughter, Shelby, who was born prematurely and spent 100 days in the medical center's NICU. Hoopla was created by Stacey Rivers, Shelby's aunt, in honor of her niece. This year's presenting sponsor for Hoopla was High-Risk Obstetrics Consultants.

For more information about philanthropic opportunities to support the NICU, please contact the Development Office at **865-305-6611** or development@utmck.edu.



CJ Foundation Grant Recipient

The University of Tennessee Medical Center is proud to announce that our Regional Perinatal Program is a 2011 recipient of a CJ Foundation grant. The project, Caring Communities, will take a grassroots approach in utilizing community resources established through the perinatal health program and expanding them into SIDS and SUID (sudden unexpected infant death) outreach and intervention. Caring Communities will receive \$3,780 from the CJ Foundation for work throughout our 21-county service area on providing education about SIDS, SUID, and Safe Sleep for Infants to parents, healthcare providers, and community leaders.

The CJ Foundation, based in Hackensack, New Jersey, is dedicated to reducing the risk of future infant deaths, supporting families who have suffered a loss, and funding medical research so that no new families have to endure the pain of losing an infant. More information about the foundation is available on its website, www.cjsids.org.

For more information about the Caring Communities program, please contact the Development Office at **865-305-6611** or development@utmck.edu.



2011 AUXILIARY OFFICERS

The UT Hospital Auxiliary is proud to announce the 2011 Auxiliary officers. Under their leadership and guidance, the Auxiliary provides volunteer services and philanthropic support throughout the University of Tennessee Medical Center. Since its inception in 1962, the Auxiliary's volunteers have given more than 650,000 volunteer hours and donated \$2,793,180.

Congratulations to the incoming officers, and thank you for your leadership and service.

John Rosati, *President*

Sue Hay, *Vice President*

Ernestine Lawrence, *Recording*

Secretary

Stephanie Wayland,
Corresponding Secretary

Theresa Wright, *Treasurer*

Marg Dietz and Anne Ballenger,
Nominating Committee Representatives

Winter 2011 CME Course Calendar

The University of Tennessee Graduate School of Medicine offers these educational courses this winter for physicians, researchers, allied health providers, and other healthcare professionals seeking continuing medical and dental education.

January 22

Approved for AMA, AAPA and ACPE credits and CEUs

Seventh Annual Hematology Conference: An Update on Selected ASH Topics UT Conference Center, Knoxville, Tennessee

This conference provides updates on clinical trials and recent advances in the treatment of blood cancers, including hemostasis/thrombosis, multiple myeloma, myelodysplastic syndromes, chronic lymphocytic leukemia, and malignant lymphoma. Nationally-known experts scheduled to speak include Guillermo Garcia-Manero, MD, of MD Anderson Cancer Center; Thomas Habermann, MD, of Mayo Clinic; Jonathan Kaufman, MD, of Emory University School of Medicine; Michael Keating, MB, BS, of MD Anderson Cancer Center; and Craig Kessler, MD, of Georgetown University.



January 26

Approved for AMA and AAPA credits and CEUs

Discouraging Disruptive Behavior in the Medical Profession Wood Auditorium University of Tennessee Medical Center, Knoxville, Tennessee

At this certified activity for employees of University of Tennessee Medical Center and UT Graduate School of Medicine, participants will learn a method for identifying professionals with patterns of unacceptable behavior and explain the disruptive behavior pyramid.



Mark Your Calendar!

March 19, 2011

Seventh Annual Diabetes Regional Conference UT Conference Center, Knoxville, Tennessee *Approved for AMA and AAPA credits and CEUs*



To register or for more information about these courses,
call 865-305-9190 or visit our website at
www.tennessee.edu/cme



University Breast Care

Your source for the most
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University Breast Center (UBC) recognized as the Breast Imaging Center of Excellence by the American College of Radiology provides breast screening and diagnostic services including:

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- Computer-Aided Detection (CAD)
- Wire Localization
- Ultrasound and Sterotactic Guided Biopsy
- Ductography
- Sentinel Lymph Node Mapping
- Bone Densitometer Scan

The Breast Care Service (BCS) offers patient education and evaluation services, personalized treatment plans and support services for patients with breast health problems or breast cancer.

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